

SENT ELECTRONICALLY

May 21, 2021

Mr. Jason Batten
The Divided Sky Foundation and Ascension Recovery Services
103 Corporate Drive, Suite 102
Morgantown, WV 26501

RE: Docket No. GMCB-006-20con, Divided Sky Foundation and Ascension Recovery Services, Proposed Development of a Substance Use Disorder Treatment Facility in Ludlow. Project Cost: \$3,869,691.

Dear Mr. Batten:

Thank you for the application for the above-referenced project. The application submitted was not sufficiently detailed in several areas; therefore, more information is required for us to complete our review. We also are in the process of developing additional questions, which we will send to you under separate cover. At this time, please provide the following information:

Clinical/Program

1. Provide a detailed description of the medical, clinical and adjunct services to be offered and integrated into each episode of treatment for each of the three services (i.e., stabilization and withdrawal management; residential treatment for SUD and mental health disorders; and aftercare individual and group counseling to be provided via telehealth.) Beginning with programming for the first hour of a client's day through the last hour, outline what a typical day in treatment will include, clearly identifying the number of hours of clinical services, medical services, and all other services to be provided on and off-site each day for each of the three services.
2. On page 7, estimations of treatment lengths of stay are noted for each of the three services to be offered: stabilization/withdrawal management, residential treatment, and after care counseling via telehealth. Provide the information specific to the proposed ASAM levels of care, that informed these proposed lengths of stay.
3. Explain in more detail Divided Sky's discharge planning process and aftercare duration



- a. What is the purpose of the aftercare component for individual and group counseling provided via telehealth?
 - b. Explain how Divided Sky will put in place, prior to discharge, all the services each patient will need to be supported in the community?
 - c. Has Divided Sky developed a list of resources of all services available in the community setting?
 - i. If so, please explain.
 - ii. If not, please identify the Vermont groups, organizations and resources Divided Sky will work with to develop such a list. Provide a detailed explanation of aftercare coordination, including specificity on service reintegration of patients into their home states. Explain in detail how the facility will ensure that clients will continue treatment in the larger system of care following discharge from your facility.
 - iii. For patients who are Vermont residents, how will they be integrated into Vermont's Substance Use Disorder (SUD) system of care? What are your facility's connections to the Vermont Preferred Provider Network?
 - iv. For patients who are not Vermont residents, how will they be integrated into their home states' recovery networks?
4. Provide detailed information regarding anticipated referral sources and your referral process for Vermont residents and non-residents to access services at your facility.
5. Of the 480 admissions projected annually in years 1, 2 and 3, identify the estimated number of patients annually who will be Vermont residents and the number who will be from out-of-state.
6. Do you expect out-of-state residents seeking care at your facility to require services from Vermont's community/system of care following discharge? If so, quantify the projected number of out-of-state referrals annually to Vermont's community/system of care following discharge and how this will impact Vermont's community system of care.
7. The average length of stay is represented as 30 days. Identify the substance(s) you will treat at your facility and explain how the length of stay was determined for each substance.
8. For each substance, detail the withdrawal management protocols for each substance and efficacy of such plans relative to the incidence of relapse and/or adverse health events.
9. Explain in detail how and by whom toxicology testing will be provided. Explain whether the costs of all tests are included or excluded in the residential rates to be charged.
10. Explain in detail the contact you have had to date with Rutland Regional Medical Center and local EMS services and the nature of the relationships you intend to establish with these entities. Identify the estimated annual volume that could be generated for local EMS services as well as use of the emergency department, inpatient medical, and/or



mental health services, and how each volume was calculated. Confirm whether the associated costs for such services are included in the financials you submitted. If not, please explain.

11. Explain the contact you have had to date with the Vermont Division of Licensing and Protection regarding the licensure of the 40 beds.
12. Identify and describe the electronic medical record system (EMR) to be used at your facility. Specify the associated cost for the EMR in years 1, 2, and 3 and explain whether these costs are included in the financial tables submitted. If not, please explain.
13. Page 6: Specify the number or range of FTEs for after care individual and group counseling via telehealth.
14. Explain whether all services provided on and off site to individuals admitted to your facility will be included in the residential rates to be charged. In a table format, list all services that will be billed and included in the residential rate and the list of services that are in addition to the residential rate and to whom those services will be billed, including transportation costs incurred during treatment at Divided Sky.
15. Respond in detail to CON HRAP Standard 1.4 which was not included in the application.
16. Respond fully and in more detail to Statutory Criteria 2 A-D and resubmit.

Need for the Project

17. Confirm your service area and provide a more detailed explanation and the data that supports the need for a 40-bed facility at ASAM Level 3.7 and 3.5 for the proposed service area.
18. Page 8: Provide a copy of the community health needs noted on this page.
19. Provide a copy of any market or feasibility study performed.
20. Provide an update on the status of any town, regional and state permitting, planning, and review processes.

Organizational Structure

21. Explain in detail the name(s) and ownership structure of: a) the operations component of the Divided Sky Treatment facility; and b) the real estate component. Specify whether there are any owners/operators in common and whether these are investors and stockholders. Describe any rental or lease arrangements between the operations and the



real estate entities and explain whether such costs are included in the financial tables submitted.

22. Identify the tax status of and the relationship between the Divided Sky fundraising entity; the Divided Sky Treatment Center; and Ascension Recovery Services.
23. Provide a detailed explanation of the relationship between Ascension Recovery Services and the entity responsible for paying Ascension for their services.

Financial

24. Please comment on your understanding of whether, based on the number of beds, this facility is considered an Institute of Mental Disease (IMD) and therefore not eligible for Vermont Medicaid reimbursement. Explain whether the Medicaid revenues reflected on Table 6B and C are for out-of-state Medicaid.
25. Provide in detail your assumptions for revenues by payer. Explain whether there is a difference between revenue per person per day and cost per person per day.
26. Identify the lending institution for the loan of \$2,300,000 and \$400,000 line of credit.

In responding, restate the question in bold font and respond in un-bolded font. Send an electronic copy to me at donna.jerry@vermont.gov and one hard copy (three-hole punched) with a Verification Under Oath to my attention at the Green Mountain Care Board, 144 State Street, Montpelier, Vermont 05602.

If you have any questions, please do not hesitate to contact me at 802-760-8162.

Sincerely,

s/ Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board

cc. Michael Barber
General Counsel

